

Substance Abuse Services & the Criminal Justice System

LME Directors Meeting 9/14/07

NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services

NC Department of Health and Human Services



Drugs & Crime

- 1 in 32 adults are under correctional supervision
- SA is disproportionately represented in correctional populations
 - 80% of parolees
 - 80% of prison inmates
 - 67% of probationers
- 59% of SA Referrals from CJS



SA Referral Sources

	<u>1990</u>	<u>2004</u>
 Criminal Justice 	38%	59%
 Employers/EAP 	10%	6%
 Welfare/CPS 	8%	16%
 Hospital/Physician 	4%	3%



Drugs & Crime in NC

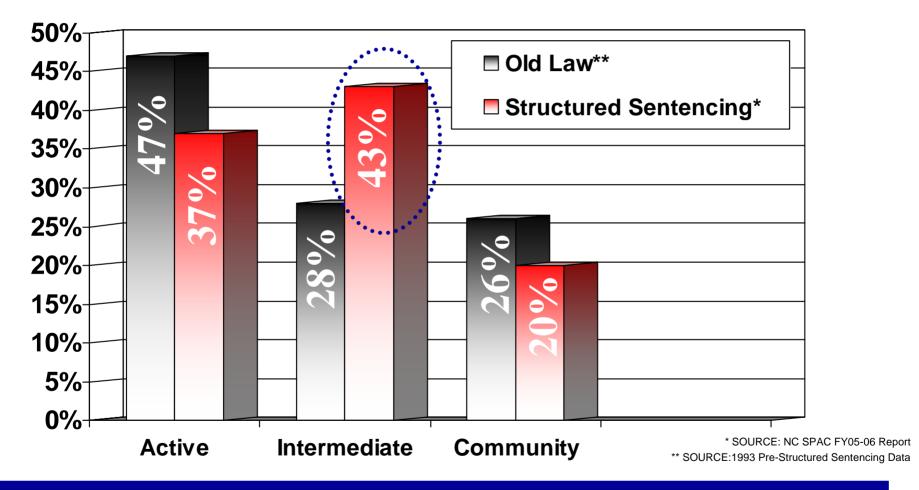
- 38,423 people in prison
 - -30,738 need substance abuse services

Note: 97% will be released

- 117,607 people on probation, parole or post-release
 - -79,347 need substance abuse services



Felonies: Type of Punishment Imposed





NC Problem Statement

- Limited CJ & Tx resources
- Complex clients: challenging behavioral health needs & serious consequences of failure
- Recidivism & Relapse are common
- Service availability & effectiveness



OMM: Balancing Control & Tx

- One Offender
 One Case Plan
 One Team
- Common Goal: Safely manage high-risk, highneed offenders in the community





DHHS-DOC-AOC MOA

Memorandum of Agreement
between the
North Carolina Department of Health and Human Services
and the
North Carolina Department of Correction
and the
Administrative Office of the Courts

i.

This Memorandum of Agreement (MOA) and Appendices are entered by and between the Department of Health and Human Services (DHHS), the Department of Correction (DOC) and the Administrative Office of the Courts (AOC) for the purpose of developing a comprehensive offender management model that ensures public safety while addressing the needs of offenders. The Division of Community Corrections (DCC) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) are the primary resources involved in community corrections. AOC manages the N.C. Drug Treatment Court Act Program and provides administrative support to the local courts that operate Adult Drug Treatment Courts (DTC). The Division of Alcoholism and Chemical Dependency Programs (DACDP) and Division of Prisons (DOP) impact community corrections through the release of offenders who have received services while in custody or while in a residential facility (DART-Cherry). The purpose of a comprehensive offender management model is to create a seamless system built on the ideals of integrated service delivery and coordination of resources that provide effective interventions for offenders.



What is TASC?

- A model that bridges two separate systems: justice & treatment
- Links treatment & justice goals of reduced drug use & criminal activity
- Uses processes that improve treatment access, engagement & retention



TASC: Nationally & in NC

- 1962 Robinson v. California addiction is an illness, not a crime
- 1970s Federal government develops model to interrupt drug-crime cycle: Treatment Alternatives to Street Crime
- 1972 first TASC program in Wilmington, Delaware
- 2007 National TASC represents over 200 programs

- 1978 First TASC Programs in NC
- 1993 10 Programs in 20 Counties
- 1994 Structured Sentencing Act
- 1998 23 Programs in 43 Counties
- 2000 SOP; DHHS-DOC MOA
- 2002 TASC services available in all 100 counties
- 2003 TASC Training Institute
- 2005 AOC joined MOA
- 2007 15,000+ Offenders Served



TASC Eligibility

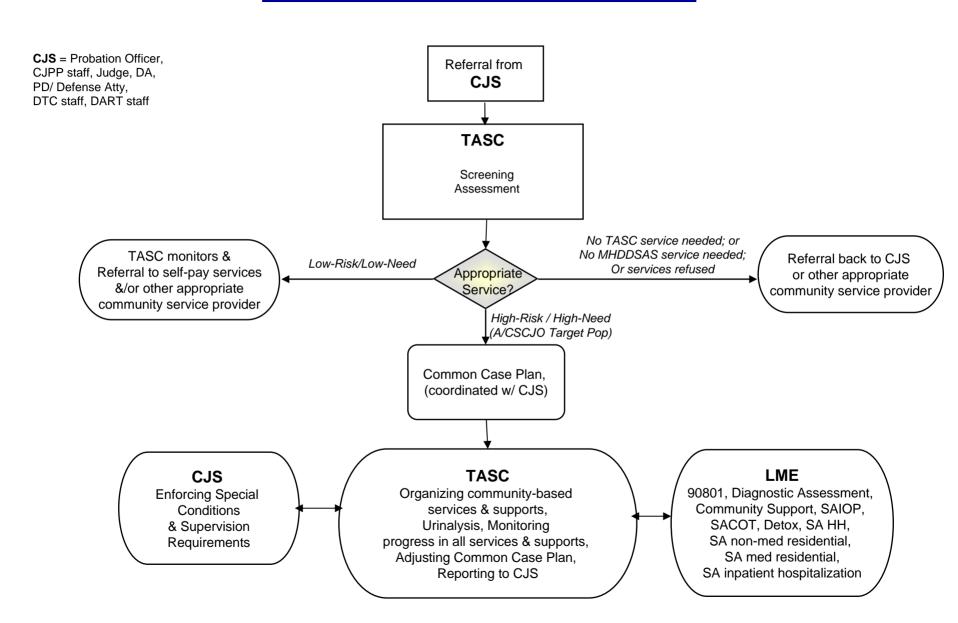
- involved in the CJS or DOC releasee who completed a prison substance abuse program; &
- voluntary consent to participate; &
- evidence of a history or potential substance abuse &/or mental health issue, including drug-related charges



TASC Core Services

- Screening & Assessment
- Referral & Placement
- Care Planning, Coordination & Management
- Reporting Progress to Justice System

CJS Interface thru TASC





ASCJO & CSCJO

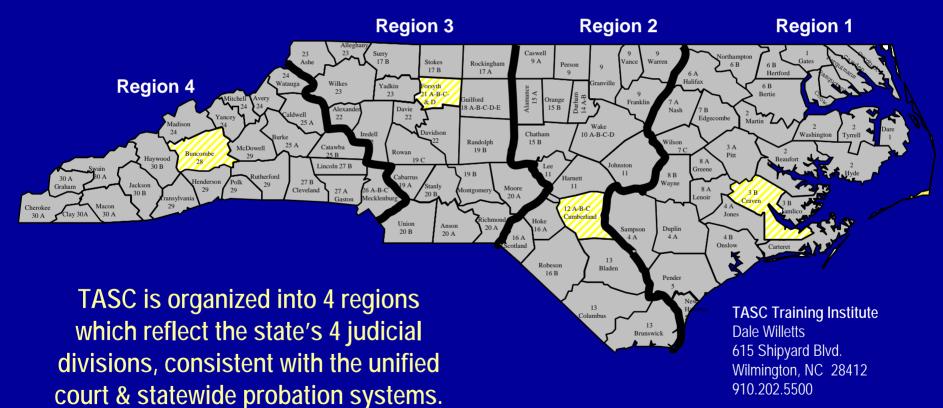
Adult & Child Substance Abusing Criminal Justice Offender Target Population (ASCJO & CSCJO) to ensure access to treatment for individuals with a SA diagnosis who present the greatest risk to public safety.

Eligibility includes:

- Diagnostic criteria for a substance-related disorder; and
- Services approved by a <u>TASC</u> care manager; and
- CJS Status as an Intermediate Punishment offender, a Department of Correction releasee who has completed an in-prison treatment program, or a Community Punishment violator at-risk for revocation

North Carolina TASC Network

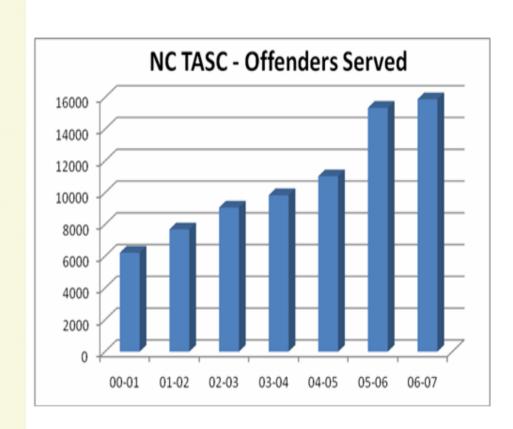
Region 4 – Carlene Wood 370 N.Louisiana Ave, Ste. E-3 Asheville, NC 28806 828.210.0535 Region 3 – Michael Gray 516 N. Trade St. Winston-Salem, NC 27101 336.714.7080 Region 2 – Andy Miller 412 West Russell Fayetteville, NC 28302 910.321.6796 Region 1 - Wes Stewart 308 New Street New Bern, NC 28560 252.638.3909





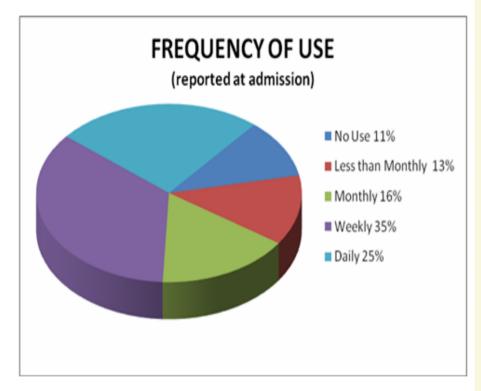
TASC Statistics

- 80% Male
- 48% Black 47% White
- 60% less than 31yo
 20% 16-21yo
- 85% Not Married
- 52% No HS Diploma
- 32% Unemployed





TASC Statistics



- Ave. length of stay:
 8½ months
- \$1.35 per client per day
- 2000 Recidivism
 Report to the General Assembly*
 - 86% had at least 1 previous arrest (mean # 2.6)
 - 61% were NOT re-arrested within 2 years of discharge

* NC Sentencing & Policy Advisory Commission



How TASC Benefits Treatment

- Increases Client Identification
 - Improving treatment outreach & access
- Provides Independent Assessment of Need
- Improves Treatment Engagement
 - orients clients to tx; reduces "no shows", increasing tx staff productivity
- Improves Treatment Retention & Compliance
 - improving tx outcomes
- Provides Support & Continuity during Tx & CJ Transitions

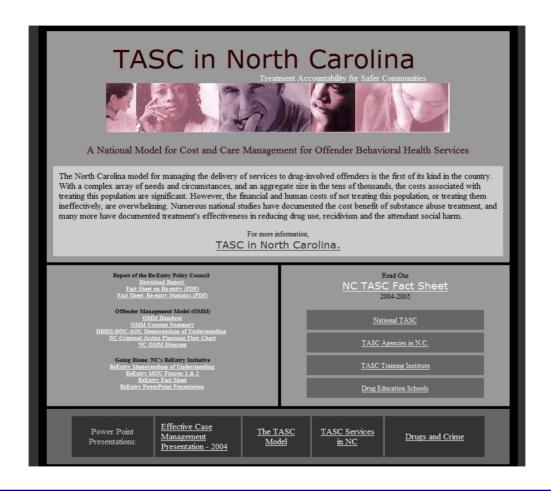


How TASC Benefits Treatment

- Maintains clear Roles & Responsibilities
 - Tx providers focus on client care & Probation officers focus on supervision
- Balances Control & Treatment
 - arranges goals & objectives of Tx, CJS & the client
- Improves Communication among Systems about & with Client
- Provides addt'l information for Treatment, Judicial & Correctional Decision-Making



www.northcarolinatasc.org





2007 Legislative Session: Treatment Court Programs

Funding for services for existing pre- & post-plea MH courts, DWI courts & adult & family DTCs

Funds are expected to be allocated to LMEs w/ Adult DTCs based on the number of Active Participants during CY05-06



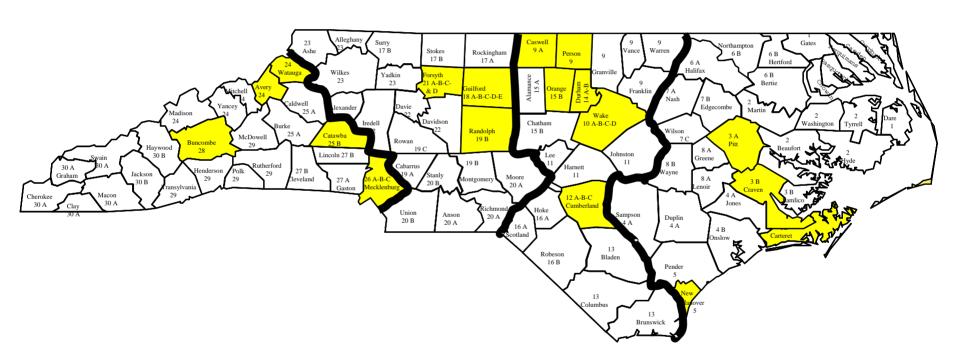
In providing DTC services, LMEs shall consult with the local DTC team & select a tx provider that meets all provider qualification requirements & DTC needs.

A **single tx** provider may be chosen for non-Medicaid-eligible participants only. A single provider may be chosen who can work with all non-Medicaid-eligible DTC participants in a single group.

During the 52-week DTC program, participants shall receive an **array of tx & aftercare services** that meets the participant's level of need, including step-down services that support continued recovery.

N.C. Substance Abuse

Adult Drug Treatment Courts





2007 Legislative Session: LMEs & Jails

SECTION 10.49.(f) Within available resources, LMEs shall work with county public health depts & sheriffs to provide medical assessments & medication for jail inmates who are suicidal, hallucinating, or delusional. LMEs shall also examine ways to provide addt'l treatment to persons who are determined to be psychotic, severely depressed, suicidal, or who have substance abuse disorders. To this end:



- (1) DHHS shall work with LMEs, county public health depts & sheriffs to develop a statewide standardized evidence-based screening instrument to be used when offenders are booked. The screening tool shall be implemented by January 1, 2008.
- (2) LMEs & county sheriffs shall work together to develop all of the following:
 - a. A designated **LME employee** responsible for screening the daily jail booking log for known mental health consumers.
 - b. **Protocols** for effective communication between LME & jail staff including collaborative development of medication management protocols between jail & mental health providers.
 - c. **Training** to help detention officers recognize signals of mental illness.



2007 Legislative Session: Crisis Intervention Teams

Provides funding to be used by:

- LMEs to develop CITs
- DMHDDSAS to develop statewide training capacity



DMHDDSAS will:

- Release an application for LMEs to request funding for CITs
- Provide technical assistance for developing CITs
- Fund an annual statewide CIT conference